



**APPLICATION FOR CERTIFICATION OF
A VERMONT REDEMPTION CENTER**

ALL FIELDS OF THIS FORM MUST BE COMPLETED IN ORDER TO BE ACCEPTED FOR REVIEW

Name of Redemption Center: _____

Physical Location of Redemption Center: _____

Mailing Address: _____

Contact Name: _____ and Telephone Number: _____

Taxpayer ID#: _____ (required to redeem liquor bottles)

Is this a change of ownership from a previously certified redemption center? ☐ Yes ☐ No

If "Yes", Name of Redemption Center: _____

Are you a retailer? ☐ Yes ☐ No

Are you a stand-alone redemption center? ☐ Yes ☐ No

Are you a Vermont liquor store/outlet? ☐ Yes ☐ No

Estimated Number of Containers Redeemed on an Annual Basis: _____

(Note: If handling more than 250,000 containers per year, the redemption center is required to participate in approved commingling agreements.)

The information contained in this application is complete and true to the best of my knowledge. I agree to participate in approved commingling agreements upon request.

Printed Name of Applicant

Signature of Applicant

Date of Signature

Send This Completed Form & Direct Questions To:

Bryn Oakleaf, Vermont's Beverage Container Law Administrator, Waste Management & Prevention Division,
1 National Life Drive – Davis 1 Bldg., Montpelier, VT 05620-3704

Telephone: (802)522-5783

Fax: (802)828-1011

E-mail: bryn.oakleaf@vermont.gov

Notice to the public of the establishment of this redemption center shall be posted on the agency website for not less than 15 days.